

## *The Medical Challenge of Coping With Stress*

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GRADUATION FROM medical school—what a terrific feeling. For each of us it is the time to celebrate the completion of a difficult step in personal growth. To achieve this step we have had to spend many years working very hard. Today our school pays homage to this diligence. Our medical degree is an honor, and we are very proud.

During our four years we have acquired a tremendous amount of knowledge about the diagnosis, pathophysiology and treatment of many diseases. Also, we realize there is a lot more to learn. Many challenges face us. Today I would like to focus on one of these: the medical challenge of coping with stress.

What is stress? Dr. Hans Selye, a noted physician who has spent his career in stress research, defines stress as "the nonspecific response of the body to any demand made upon it."<sup>1</sup> But most of us associate the word stress with high levels of nervous tension, frustration and anxiety, and psychological hang-ups. Many people today are on an emotional starvation diet—a shortage of love, understanding and involvement. The reasons for these stresses are legion: taxes, unemployment, illness and now, for us in California, the drought. Dr. Norman Q. Brill reminds us that the improved quality of life over the past 25 years, resulting from impressive advances in technology and medical care, seems to have been accompanied by disturbed interpersonal relationships, more anxiety about employment and security, greatly increased divorce and crime rates, and increased human unhappiness.<sup>2</sup>

Stress is so democratic—everyone has it. Everyone is becoming aware of it. In her best-selling book, *Passages*, Gail Sheehy describes people of all ages who have been frustrated, stifled and deflated by life's tensions.<sup>3</sup> Many of these people have withdrawn into a shell of isolation and hidden their true feelings to prevent themselves from further disappointment and rejection.

Several recent medical studies have shown that stress induced diseases have reached epidemic proportions. Heart attacks, ulcers, high blood pressure and skin disorders have all been traced to situations causing anxiety.<sup>4</sup> The medical profession, of course, is not immune to stress. Many of the personality traits that characterize a good physician—careful control of emotional expression, compulsive attention to details, conscientiousness and prolonged deferral of gratification—are traits that predispose some physicians to episodes of extreme depression. These doctors are much more likely to become divorced, become addicted to narcotics or commit suicide than the population as a whole.<sup>5</sup>

On a more personal note, the past four years have been filled with stressful situations. Getting into medical school, for example; who can forget anxiously waiting for that all-important acceptance letter to arrive in the mail. The oral and written exams were numerous. We were required to know a seemingly endless number of facts, many of which appeared to have little relevance to our long-term goal of becoming quality doctors. Many of us were also plagued by financial worries. We encountered multiple anxieties in the transformation from insecure students to young knowledgeable physicians. We can all remember dealing with hostile patients who did not want

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to talk to just a medical student. Missing our first spinal tap, intubating the esophagus instead of the trachea, flubbing the latest medical "pimp" question on ward rounds, and being on call and unable to get any sleep at night were all part of our tension-filled medical school experience.

Along with academic problems, many of us experienced emotionally difficult times. One of my classmates who became divorced while in medical school feels that although his marriage was not ideal to start with, the strains of medical school were enough to bring his marriage to an end. Several other classmates had tragic deaths occur in their immediate families. While these students were given academic help during their periods of distress, they were offered little emotional support from the school. All of these students mentioned that they would have gladly accepted counseling and advice if it had been offered. Perhaps this is one area of medical education that can be improved for future medical students. A medical school should act as a role model in dealing with our stresses and should be able to teach us to deal with our patients' anxieties. Now we apprehensively await one of the most emotionally and physically stressful years of our lives—in-ternship.

With these thoughts in mind, how are we, the medical graduates of 1977, best able to help ourselves and our patients react to the everyday tensions of life? To start with, we must realize that a minimal amount of stress is necessary to add spice to one's life. An element of stress is involved with growth and is essential for sound personal functioning. One could avoid stress by never doing anything, but few things in life are as bland as complete inactivity. Indeed, who would enjoy a life of no runs, no hits and, especially, no errors?

However, there will be occasions in which our patients will be overwhelmed with stress. But as in any aspect of medicine, before we can offer a cure we must make the appropriate diagnosis. We have learned the art of obtaining a thorough medical history, and we should put this to good use. We must look for any of the cardinal signs of stress such as recent weight change, sleeping and concentrating difficulties, depression, or increasing cigarette, drug or alcohol consumption. If such signs are present, we must make the diagnosis. At this point we should just give Valium®, right? No, it is not that simple. Instead we must become involved.

Involvement with our patients must be a process, a journey, a way of life. It is the accumulation of simple, concerned actions which allows physicians to develop a sense of awareness and to become alerted to patients' needs. We have been taught to look at the whole person and not just his disease. We have been strongly criticized if we ever referred to our patients as the pheochromocytoma in bed six or the GI bleeder at the end of the hall. Instead, we have been encouraged to treat our patients with dignity and compassion and to understand how the stress of illness affects the patient, his family, his work, and the people around him. Healing takes place out of knowing our patients. We have discovered the worth in knowing the whole person in the context of his family situation and the extreme value in providing comprehensive and continuous health care. It is very encouraging that more than three quarters of this year's graduates are entering the primary care specialties in which a physician is best able to treat the entire patient.

The release of stress and anxiety has much to do with the healing process. A physician should be paid not just for what he knows but also for the comfort and support he can give. His prescription for healing should include a combination of both head and heart. A cure without care is dehumanizing. Yes, care is an absolute prerequisite for a cure (a point impressed on me in a sermon, "With Care," by J. Little, Senior Pastor, Lafayette-Orinda United Presbyterian Church, May, 1977). Helping the patient overcome his fears and his feelings of helplessness can be as vital to recovery as wonder drugs are to curing a diseased organ. The doctor's ability to connect with his patients enables him to talk a patient through a crisis or provide crucial comfort and reassurance through the touch of his hands. A physician must have the capacity to relate to others in a consistent manner and have concern and compassion for his fellow human beings.

The concerned physician can be a catalyst in helping his patients learn ways to overcome tension. In our training we have learned the value of the coping quotient in determining a person's ability to handle stress. This is an index which evaluates stressful situations in someone's life and can act as a predictor of the chances of having a serious illness in the upcoming year. Those people with more skills, assets and resources, and with more versatile defenses, tend to do better under stressful situations. But for those who do

not cope as well, what can we do? We can offer solutions such as relaxation techniques. In his book *The Relaxation Response*, Dr. Herbert Benson extols the virtues of relaxing and meditating to cope with tension.<sup>6</sup> Although meditating will not make your problems disappear, it can give you a different perspective. We can also encourage our patients and ourselves to have an optimistic and enthusiastic outlook on life. You should not underestimate the delight of simple pleasures, like rain or the price of coffee dropping 20 cents a pound. Even after the greatest personal defeats, the depressing thought of being a failure is best combated by taking stock of all your many past achievements. Such conscious stock-taking is most effective in reestablishing the personal self-confidence and motivation necessary for future success.<sup>1</sup> An optimistic frame of mind undoubtedly contributes to anybody's physical and emotional health.

All of us who graduate today have shown a great desire to learn and a strong sense of concern for the well-being of other people. We all expect to work hard meeting the challenges and frustra-

tions in helping our patients solve their own problems. Sir William Osler challenged his fellow physicians to maintain coolness and presence of mind under all circumstances, calmness amid storm, clearness of judgment in moments of grave peril; in short, to remain imperturbable in any situation.<sup>7</sup> This is a difficult challenge, one that has caused many physicians much distress. Perhaps we, becoming physicians in 1977, should modify Osler's ideas to allow for greater releases of our emotional tension as a way of preventing ourselves from becoming overwhelmed with stress. In fact, this approach may be an important key to the medical challenge of coping with stress.

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### The Towel Trick for Detecting Breast Carcinoma

DR. HODGKINSON: "The procedure consists of stretching a towel over the breast and palpating the breast in all directions directly over the towel, quickly sweeping the hand over the breast.

"The principle of the towel trick is probably somewhat the same as examining a breast with soaped hands . . . The towel trick has been found to be well adaptable to office practice for asymptomatic women and is a more fastidious technique than using soaped hands. I have experimented with various types of material, but I find that a freshly ironed, smooth hand towel, such as usually found in hospitals or offices, serves very satisfactorily.

"I have found the towel trick very valuable in detecting small breast masses that are difficult to feel otherwise. Often, the mass can first be located with a towel and then be detected easily by direct palpation. Although any type of smooth cloth material can be used for this examination, the hospital towel works very satisfactorily provided it is smooth and dry. I think that by incorporating this technique into the routine examination of breasts, it will be found of some value in detecting breast masses which are otherwise difficult to feel."

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